



# IDAHO OIL AND GAS CONSERVATION COMMISSION

## WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

DESIGNATE TYPE OF COMPLETION:

New Well ☐ Work-Over ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Different Reservoir ☐ Oil ☐ Gas ☐ Dry ☐

Lease Name: \_\_\_\_\_

Operator: \_\_\_\_\_ Address: \_\_\_\_\_

Well Number: \_\_\_\_\_ Field & Reservoir: \_\_\_\_\_

Location: (Sec.-TWP-Range or Block & Survey): \_\_\_\_\_

County	Permit number	Date issued	Previous permit number	Date issued
Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT, or Gr)	Elevation of casing hd. flange
Total depth	P.B.T.D.	Single, dual, or triple completion	If this is a dual or triple completion, furnish separate report for each completion.	
Producing interval(s) for this completion		Rotary Tools used (interval)	Cable tools used (interval)	
Was this well directionally drilled?	Was a directional survey made?		Was a copy of directional survey filed?	Date filed
Type of electrical or other logs run (check logs filed with the commission)				Date filed

### CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size Hole Drilled	Size Casing set	Weight (lb./ft.)	Depth set	Sacks Cement	Amt. Pulled

### TUBING RECORD

### LINER RECORD

Size in.	Depth set ft.	Packer set at ft.	Size in.	Top ft.	Bottom ft.	Sacks Cement	Screen (ft.)
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### PERFORATION RECORD

### Acid, Shot, Fracture, Cement Squeeze Record

Number per ft.	Size & Type	Depth Interval	Amount & Kind of Material Used	Depth Interval

Date of First Production		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump)					
Date of Test	Hrs. Tested	Choke Size	Oil Prod. During Test bbls.	Gas Prod. During Test MCF	Water Prod. During Test bbls.	Oil Gravity *API (Corr)	
Tubing Pressure	Casing Pressure	Cal'ted Rate of Production per 24 hrs.		Oil bbls.	Gas MCF	Water bbls.	Gas—oil ratio

Disposition of gas (state whether vented, used for fuel or sold):

CERTIFICATE: I, the undersigned, state that I am the \_\_\_\_\_ of the \_\_\_\_\_ (company), and that I am authorized by said company to make this report and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



Formation	Top	Bottom	Description*

FORM NO. P-7  
Authorized by Order No. 2